## Appendix 2: Proposal Cover Page

**Applicant Information**

|  |  |
| --- | --- |
| Organization Name  |  |
| Mailing Address |  |
| Ward in which Headquarter is located |  |
| Program location, address and Ward |  |
| Organization Annual Budget |  |
| Program Budget |  | Grant Amount Requested |  |

**Contact Information**

|  |  |
| --- | --- |
| Name and title |  |
| Email |  | Phone |  |

**Program Information**

|  |
| --- |
| Describe the mission and vision in 50 words or less: |
| Target Age(s) and Grade(s) |  | Target or Special Population |  |
| Expected number of youth impacted by program: | Proposed programming period: |
| Describe the typical schedule for a daily session: |
| At the end of the program, what will the children or youth have learned? |

**Staff Information**

|  |  |  |
| --- | --- | --- |
| Number of full-time employees: | Number of part-time employees: | Number of front line staff engaged in youth programs: |
| Number of AmeriCorps, Senior Corps, Vista or other service members engaged for youth program(s): | Number of volunteers engaged in youth program(s): |